



GRETCHEN WHITMER, GOVERNOR | ELIZABETH HERTEL, DIRECTOR

MDHHS STI 340B PROGRAM WEBINAR

May 20, 2021

WELCOME TO THE MDHHS STI 340B
PROGRAM WEBINAR.

PLEASE ENSURE THAT YOUR
MICROPHONE IS ON MUTE.

THANK YOU FOR PARTICIPATING IN
OUR WEBINAR.

WELCOME!

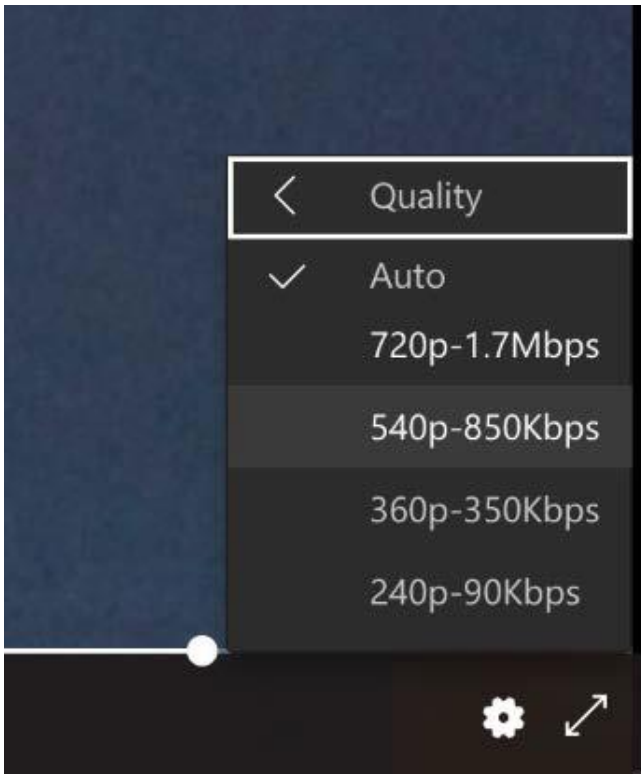


Please enter your first and last name and your organization in the Q & A box on the right-hand side of the screen.

A screenshot of a Q&A form interface. At the top, it shows "Irda Dothage (You) 11:12 AM" and a "Private" status icon. Below this is a text input field containing "Irda Dothage, MDHHS, Lansing, MI". Underneath the input field is a "Reply" button with a left-pointing arrow. Below the reply button is a section titled "Asking as Irda Dothage". Inside this section is a text input field with the placeholder text "Ask a question". At the bottom of the form is a checkbox labeled "Post as anonymous" and a right-pointing arrow button.

We will be emailing slides and video recording following today's webinar.

TIPS ON HOW TO USE TEAMS: SETTINGS

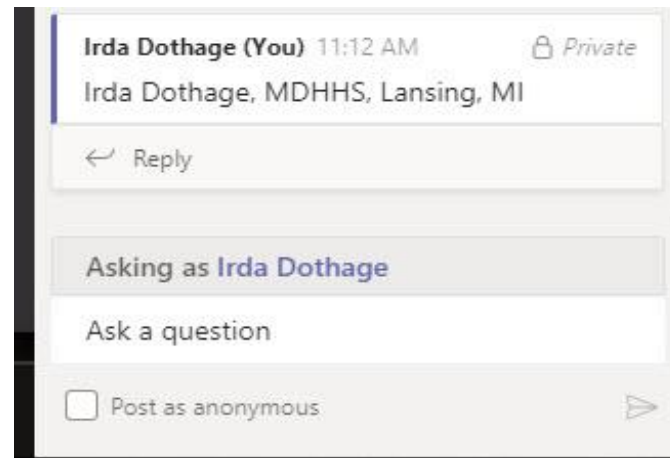
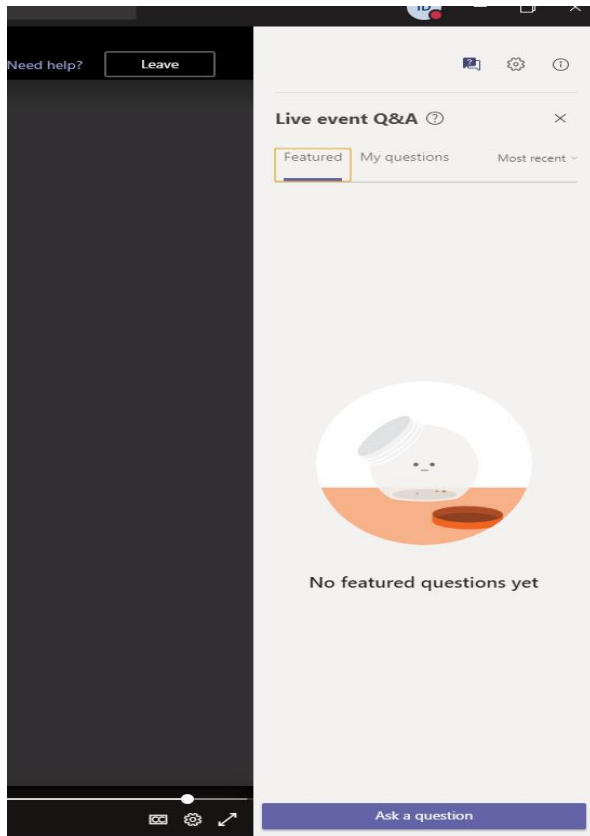


- Please make sure that you are using the supported web browsers like Chrome, Firefox, or Edge for the best experience. Safari is not currently supported.
- If the live event begins in low resolution, you might need to manually reset it to a higher resolution.
- It is suggested to sign in with only one form of audio.
- You will remain on mute throughout the webinar.

PARTICIPATING IN Q & A



- Select Q&A on the right side of the screen.
- Reminder: we ask that you type your first, last name and the name of your organization in the question box.



TEAMS:TROUBLESHOOTING/TIPS



- To turn on live captions and subtitles, select Caption/Subtitles in your video controls.
- You will notice the caption feature at the bottom of your screen like shown below.
- If for some reason you have technical difficulties and you leave the event, you can click on the event link again to rejoin.
- Once the live event is over, you can still watch the recording using the same link.



Caption

AGENDA



TIME	TOPIC	WHO
3:00 p.m.- 3:05 p.m.	Welcome <ul style="list-style-type: none">• Overview of Teams• Overview of Agenda	Marion Pokrzewinski
3:05 p.m.- 3:30 p.m.	Recertification for 2021 <ul style="list-style-type: none">• Overview of Process• Timeframe	Tom Dunn
3:30 p.m.- 3:55 p.m.	340B STI Database Preview <ul style="list-style-type: none">• Medication Ordering: Resources	Karen Kiewski
3:55 p.m. - 4:10 p.m.	Updated Contact Email & Website <ul style="list-style-type: none">• Email to use for logs• Log-related discrepancies	Andrew Hoffman
4:10 p.m. - 4:30 p.m.	Question and Answer	Irda Dothage/Andrew Hoffman
4:30 p.m.	Wrap-up/Adjourn	Irda Dothage

Meeting Agreements:

- Give Grace: Please be kind to yourself and others.
- Listen with an open heart and open mind.
- Find tolerance for discomfort.
- Use technology to keep “you in the room.”
- What's learned here, leaves here & what's shared here, stays here...

RECERTIFICATION FOR 2021

TOM DUNN
MDHHS AUTHORIZING OFFICIAL
DUNNT2@MICHIGAN.GOV

RECERTIFICATION



- Required by statute
- Ensures program integrity, compliance, transparency and accountability.
- Ensures accuracy of covered entity information in the 340B OPAIS.
- All fields can be edited during recertification for accuracy and compliance.

RECERTIFICATION TIMEFRAME



- Title X Family Planning and CDC (STD, TB) Grantee recertification period is from May 3 – June 7, 2021.
- Recertification must be completed by June 7, 2021.
 - We are asking for your agency to make any updates directly in the OPAIS database by **Friday, May 28th** to allow time for Authorizing Official to make necessary attestation.
- Covered entities that fail to recertify by the completion date will be removed from the 340B program on the first day of the following quarter.

NEW FOR RECERTIFICATION 2021:



Currently active STD entities will need to update the following information in their recertification submission and keep as a part of auditable records:

- Grant Number should be: **NH25PS005170**
- Notice of Funding Opportunity (NOFO) Number should be: **PS19-1901**
- Period covered should be: **1/1/2019-12/31/2023** (use actual start date if after 1/1/2019)

NEW FOR RECERTIFICATION 2021 (CONT.)



- AO/PC will receive one email per day that summarizes the status of their recertification activities.
 - *“Awaiting AO or PC Submission”*: Not started by AO or PC, or recertification sent back by OPA
 - *“PC submitted, awaiting AO Attestation”*: Submitted by PC, not yet attested by AO
 - *“In OPA Review”*: OPA is reviewing the recertification submission
 - *“Completed Recertification”*: Recertifications completed thus far
 - *“Total Recertifications”*: Total number of recertification required to be completed
- AO/PC will stop receiving this daily email once all recertifications have been completed.

KEY TO SUCCESSFUL RECERTIFICATION



- Verify and update necessary contact information for ALL associated sites in the 340B OPAIS prior to recertification.
 - Use the spreadsheet that was emailed out to your agency's primary contact as a reference.
- Monitor 340B Program webpage and email messages prior to recertification.
- Understand the difference between a 340B OPAIS online change request and recertification.
 - Once recertification begins, only change requests for AOs shall be processed.

340B RECERTIFICATION STEPS



1. All entities currently listed in 340B OPAIS will be required to recertify annually (except those sites with a pending termination date).

2. AO/PC will recertify using normal log in credentials. Recertification tasks will appear in the AO and PC “My Tasks” list. OPA will only receive recertification requests that have been attested to by the AO.

3. The AO will be required to recertify the CE and verify that contract pharmacy information associated with the CE is accurate.

340B RECERTIFICATION STEPS (CONT.)



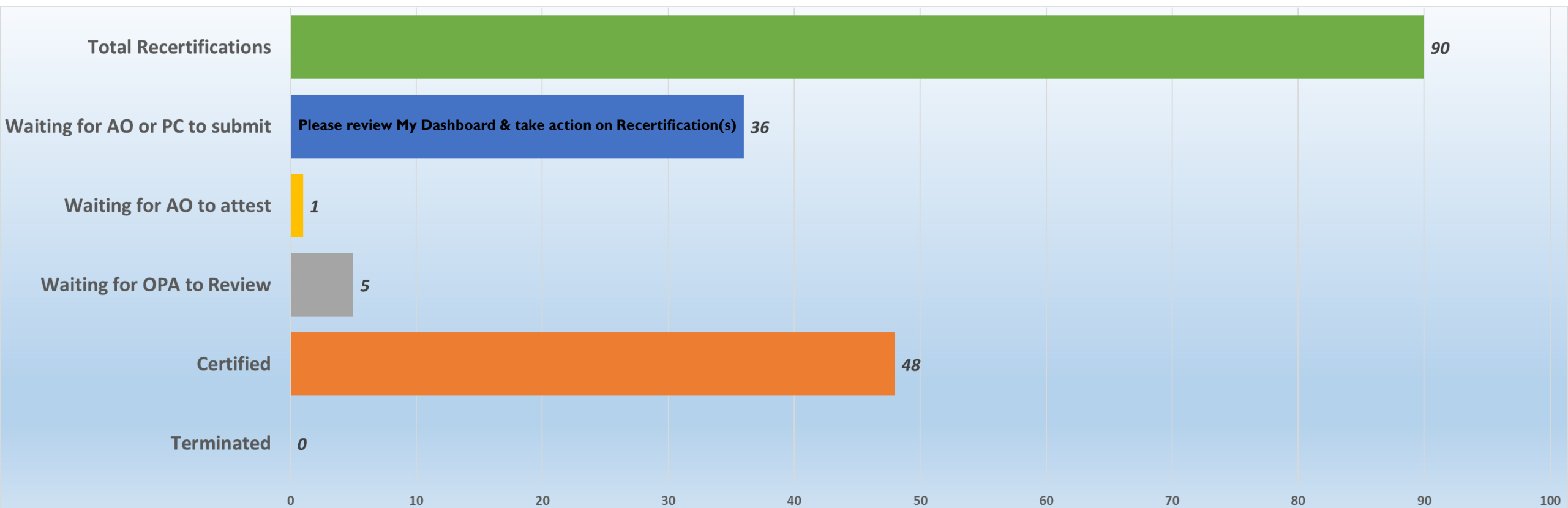
4. After completing all program updates, the AO will “Certify” the information is true, accurate, and the covered entity will be in compliance with all program requirements. The AO must attest and hit “submit” for certification to be completed.

5. HRSA/OPA will review certifications and determine to accept all or reject all proposed changes to the database.

6. HRSA/OPA will recertify or decertify the CE.

7. The AO and PC (unless changed during the process) will receive a completion email notification and have the ability to review the CE record.

340B RECERTIFICATION STATUS



RECERTIFICATION LESSONS LEARNED

HELPFUL TIPS



- Purpose of recertification is to verify and update covered entity information listed in OPAIS and attest to compliance.
- It is highly recommended that covered entities print the recertification user guide for assistance (available in the *help* menu when logged in).
- Once recertification begins, only change requests for AOs shall be processed.

RECERTIFICATION LESSONS LEARNED

HELPFUL TIPS



- Have your 340B ID available when requesting technical assistance.
- Contract pharmacies are not authorized to have their own unique 340B ID.
- An entity will not be able to view changes in 340B OPAIS until HRSA/OPA has signed off on the entity's certification.
- Failure to perform recertification by the established deadline will result in removal from the 340B Program.

RECERTIFICATION LESSONS LEARNED

HELPFUL TIPS



- Entities that wait until the last days of recertification may experience delays in technical assistance.
- Once a CE certifies all of its sites, the entity loses the ability to adjust its record unless the record is returned by OPA for correction.
- If the PC performs a recertification task, the AO must attest to the task before it is sent to HRSA/OPA.
- HRSA/OPA will only receive recertification tasks once the AO attests and submits.

RECERTIFICATION LESSONS LEARNED

HELPFUL HINTS



- Once recertification has started only change requests for AOs shall be processed.
- If a site requires termination, it should be prepared to answer the following:
 - The date that the reason for termination was effective;
 - A brief description of the facts surrounding the reason for termination and how the effective date was determined; and
 - The last day that 340B drugs were or will be purchased under the 340B ID.

RECERTIFICATION LESSONS LEARNED

HELPFUL HINTS



Grant Number

NH25PS005170

(Contact Federal grantee if unknown)

Participant Approval Date

7/26/2017

Last Recertification Date

6/9/2020

Nature Of Support

- ☒ Direct Funding (dollars received from CDC or an intermediate organization)
- ☐ In-Kind products or services (see note below; must have been purchased with section 318 funds)
- ☐ None

2. Use actual start date if after 1/1/2019, otherwise use 1/1/2019

Time period section 318 funding or in-kind support was received

From  To 

3. Use 12/31/2023

1. Make sure this box is unchecked

☐ Valid until no longer receiving

Note: In-kind contributions may be in the form of real property, equipment, supplies and other expendable property, and goods and services directly benefiting and specifically identifiable to the project or program.

Cancel

Continue

2021 STD RECERTIFICATION CHECKLIST:



- Pull up “My Entities” Spreadsheet or find your covered entity on the OPAIS database
- Verify Primary Contact information is updated and correct
- Verify all addresses, making sure that shipping addresses reflect where medications are being dispensed for each STD 340 ID
- Verify that the following information has been entered:
 - Grant Number should be: **NH25PS005170**
 - NOFO Number should be: **PS19-1901**
 - Period covered should be: **1/1/2019-12/31/2023** (use actual start date if after 1/1/2019)
- Complete Recertification for your Covered Entity
- AO will certify the recertification

HRSA'S 340B RESOURCES



Office of Pharmacy Affairs (OPA)

Phone: 301-594-4353

Web: <http://www.hrsa.gov/opa>

Prime Vendor Program (PVP)

Phone: 1-888-340-2787

Web: <http://www.340bpvp.com>

(PVP is the primary resource for technical assistance with the 340B Program recertification.)

340B STI DATABASE PREVIEW

KAREN KIEWSKI

IT SUPPORT ADMIN - SCRIPTGUIDE

KKIEWSKI@SGRXHEALTH.COM

COMING SOON – NEW ORDER / INVENTORY MANAGEMENT PROCESS!



A fully integrated application has been developed to manage the entire process. The application will include:

- Order entry
- Inventory Management
 - Order receipt
 - Dispensing
- Reporting
- Alerts about Expiring Medication

ORDER MANAGEMENT



See all orders placed and the status of each order.

STI Order Form

STD480602 ST. CLAIR COUNTY HEALTH DEPT Public Services Building 3415 28th Street Port Huron, MI 48060

Orders

Dashboard

Inventory

Dispense Medication

Expiring Medications

Reports

Medications

☐ Create Order Form

	Date Requested	Status	Order #	Tracking #	Ship Date	Contact	Phone	Email	Notes	Meds Ordered
View	05/10/2021	Shipped	22	9887643	05/10/2021	Bob Test	(810) 578-0977	btest@test.com		4
View	05/07/2021	Shipped	21	5678234	05/10/2021	Bob Test	(810) 578-0977	btest@test.com		2
View	05/07/2021	Received	20	4567234	05/07/2021	Bob Test	(810) 578-0977	btest@test.com		4
View	04/19/2021	Received	19	547801211	05/03/2021	Bob Test	(810) 578-0977	btest@test.com		7
View	04/15/2021	Received	18	57480110	04/15/2021	Bob Test	(810) 578-0977	btest@test.com		4
View	03/24/2021	Shipped	17	547845120	03/24/2021	Bob Test	(810) 578-0977	btest@test.com		6
View	01/15/2021	Imported	7			Sandra Mangan	(810) 987-1311	smangan@stclaircounty.org	Anticipate increase use of Doxycycline due to new treatment guidelines for Gonorrhea	5

MDHHS Order

Date Requested

Contact Person

Telephone

Email Address

Notes

☒ Save

#	Medication	Doses Req	Note
Edit	Azithromycin (Zithromax) / Dose: 1gm (pkg)	0	
Edit	Bicillin LA / Dose: 1.2mu syringe	0	
Edit	Cefixime / Dose 800mg pkg (EPT Use Only)	0	
Edit	Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	0	
Edit	Doxycycline / Dose: 100mg #14 btl	0	
Edit	Metronidazole / Dose: 500mg #14 btl	0	
Edit	Metronidazole / Dose: 500mg #4 btl	0	

Place orders for additional inventory from within application.

ORDER MANAGEMENT



MDHHS Order

Order Order Received

Instructions: Select Edit to receive Medication into Inventory

Order Fully Received

Ordered Details								
#	Medication	Lot Exp Date	Lot Number	NDC	Ordered	Qty Received	Receive Date	Receive By
Edit	Azithromycin (Zithromax) / Dose: 1gm (pkg)	11/15/2021	478900510	00457801266	30	30	05/10/2021 13:08 PM	Bob Test
Edit	Bicillin LA / Dose: 1.2mu syringe	11/23/2021	547801221	005478901	25	25	05/10/2021 13:08 PM	Bob Test
	Doxycycline / Dose: 100mg #14 btl	10/28/2021	64785110	647890122	20	0		

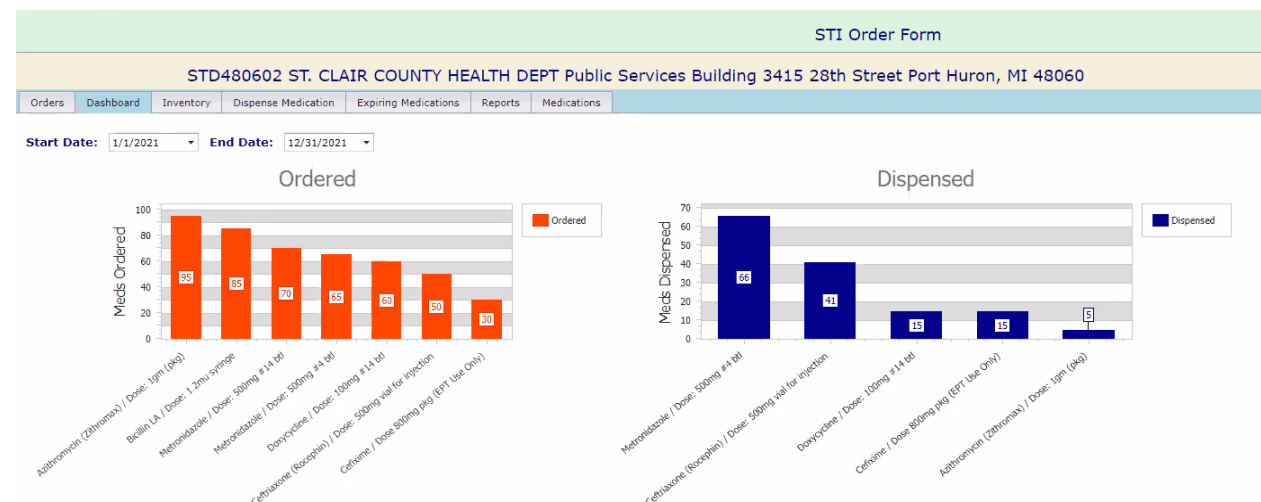
Qty Received:

[Update](#) [Cancel](#)

Edit	Metronidazole / Dose: 500mg #4 btl	10/12/2021	64789902	2479912022	20	0		
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Receive inventory into system upon receipt from State of Michigan Warehouse.

See reports related to Medications Ordered and Dispensed.



INVENTORY MANAGEMENT



STD480602 ST. CLAIR COUNTY HEALTH DEPT Public Services Bu

Orders Dashboard Inventory Dispense Medication Expiring Medications Reports Medications

Inventory Report

Legend: Any row(s) highlighted below in Yellow are Medications which have Lot Expiration Date within 60 days

	Medication	Qty on Hand
View	Azithromycin (Zithromax) / Dose: 1gm (pkg)	980
View	Bicillin LA / Dose: 1.2mu syringe	455
View	Cefixime / Dose 800mg pkg (EPT Use Only)	575
View	Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	879
View	Doxycycline / Dose: 100mg #14 btl	593
View	Metronidazole / Dose: 500mg #14 btl	1,099
View	Metronidazole / Dose: 500mg #4 btl	563

Quick access to
inventory on hand.

Callouts for medication that
will be expiring soon.

Inventory Detail

Legend: [Coral] Medications expiring within 30 days. [Yellow] Medications expiring 31 to 60 days

Medication	Lot Exp Date	Lot Number	NDC	Qty
Metronidazole / Dose: 500mg #14 btl	02/26/2021	34755110	4750112255	320
Metronidazole / Dose: 500mg #14 btl	05/01/2021	3659987554	44567821	4
Metronidazole / Dose: 500mg #14 btl	10/25/2021	34512207	3211244	344
Metronidazole / Dose: 500mg #14 btl	12/20/2021	5447788111	66177550	165
Metronidazole / Dose: 500mg #14 btl	01/20/2022	3659987554	44567821	66
Metronidazole / Dose: 500mg #14 btl	03/10/2022	2475440	47555666	200
				1,099

INVENTORY MANAGEMENT



Inventory Management to include:

- Lot Expiration Dates
- Lot Numbers
- NDC
- Quantity

Inventory

Lot Expiration Date		Lot Number	NDC	QTY on Hand
MEDICATION Azithromycin (Zithromax) / Dose: 1gm (pkg)				
7/10/2021		5441202301	457105550	195
8/10/2021		7845101	6475110	90
9/25/2021		6541257804	457880120	300
11/15/2021		478900510	00457801266	83
1/20/2022		5124428844	2478011225	300
3/31/2022		4780010	98457150	2
4/1/2022		5412001	54780900	3
10/20/2022		1541201	54120131	5
11/26/2022		4510200	11111	2
Total				980
MEDICATION Bicillin LA / Dose: 1.2mu syringe				
2/10/2021	Expiring ***	3145711014	214885222	105
10/1/2021		5471102144	547801255	145
11/23/2021		547801221	005478901	80
11/30/2021		124754125	314751682	120
3/8/2022		A4120	105412700	5
Total				455
MEDICATION Cefixime / Dose 800mg pkg (EPT Use Only)				
3/14/2021	Expiring ***	27458744	654771222	140
5/15/2021	Expiring ***	47504101	5440	45
7/20/2021		34754411	2145012	80
9/20/2021		474521554	34715586	130
9/22/2021		36478801	45507550	30
12/10/2021		66412544	511241255	150
Total				575

MEDICATION DISPENSING



STI Order Form

STD480602 ST. CLAIR COUNTY HEALTH DEPT Public Services Building 3415 28th Street Port Huron, MI 48060

Orders Dashboard Inventory Dispense Medication Expiring Medications Reports Medications

☐ Dispense Medication

Start Date: 3/1/2021 End Date: 5/31/2021 Dispense Report

Dispensed Medications

Medication	Lot Exp Date	Lot Number	NDC	Date Dispensed	Dispense By	Qty Dispensed	Dispense Type	Note
Cefixime / Dose 800mg pkg (EPT Use Only)	5/15/2021	47504101	5440	5/04/2021	Bob Test	15	Dispense - Patient	
Azithromycin (Zithromax) / Dose: 1gm (pkg)	7/10/2021	5441202301	457105550	4/30/2021	Bob Test	5	Dispense - EPT	Testing out notes
Doxycycline / Dose: 100mg #14 btl	9/22/2021	34127741	645501220	4/14/2021	Bob Test	15		
Metronidazole / Dose: 500mg #4 btl	7/22/2021	87410220	31466502	4/09/2021	Bob Test	4		
Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	12/22/2021	64788512	3495511225	3/21/2021		41		
Metronidazole / Dose: 500mg #4 btl	1/04/2022	4557111	2544111	3/19/2021		62		

Record dispensed medication within system to reduce inventory and allow for **real-time** inventory reporting and tracking.

Medication with expiration dates in near future are highlighted to ensure those are dispensed sooner.

Dispense Medication

Legend: [Coral] Medications expiring within 30 days. [Yellow] Medications expiring 31 to 60 days

#	Medication	Lot Exp Date	Lot Number	NDC	Qty on Hand	Dispense Type
Edit	Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	12/22/2021	64788512	3495511225	119	
Edit	Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	02/10/2022	31404511	5478126	130	
	Doxycycline / Dose: 100mg #14 btl	09/22/2021	34127741	645501220	233	
QTY Dispensed:*						
Date Dispensed:*						
Dispense Type:*						
Note:						
Update Cancel						
Edit	Doxycycline / Dose: 100mg #14 btl	10/28/2021	64785110	64789011	60	
Edit	Doxycycline / Dose: 100mg #14 btl	01/15/2022	347955110	3147852	300	
Edit	Metronidazole / Dose: 500mg #14 btl	02/26/2021	34755110	4750112255	320	
Edit	Metronidazole / Dose: 500mg #14 btl	05/01/2021	3659987554	44567821	4	
Edit	Metronidazole / Dose: 500mg #14 btl	10/25/2021	34512207	3211244	344	
Edit	Metronidazole / Dose: 500mg #14 btl	12/20/2021	5447788111	66177550	165	
Edit	Metronidazole / Dose: 500mg #14 btl	01/20/2022	3659987554	44567821	66	
Edit	Metronidazole / Dose: 500mg #14 btl	03/10/2022	2475440	47555666	200	
Edit	Metronidazole / Dose: 500mg #4 btl	07/22/2021	87410220	31466502	160	
Edit	Metronidazole / Dose: 500mg #4 btl	09/24/2021	347511101	711124550	220	

MEDICATION DISPENSING



Report of all dispensed medication can be reviewed at any time.

*****This will help automate the logs that are currently required*****

Dispense Medications

Medication	Lot Exp Date	Lot No	NDC	Dispense By	Dispense Type	QTY	Note
DATE DISPENSED 3/19/2021							
Metronidazole / Dose: 500mg #4 btl	1/4/2022	4557111	2544111			62	
DATE DISPENSED 3/21/2021							
Ceftriaxone (Rocephin) / Dose: 500mg vial for injection	12/22/2021	64788512	3495511225			41	
DATE DISPENSED 4/9/2021							
Metronidazole / Dose: 500mg #4 btl	7/22/2021	87410220	31465502	Bob Test		4	
DATE DISPENSED 4/14/2021							
Doxycycline / Dose: 100mg #14 btl	9/22/2021	34127741	645501220	Bob Test		15	
DATE DISPENSED 4/30/2021							
Azithromycin (Zithromax) / Dose: 1gm (pkg)	7/10/2021	5441202301	457105550	Bob Test	Dispense - EPT	5	Testing out notes
DATE DISPENSED 5/4/2021							
Cefixime / Dose 800mg pkg (EPT Use Only)	5/15/2021	47504101	5440	Bob Test	Dispense - Patient	15	

Expiring Medications

Lot Exp Date	Lot Number	NDC	QTY
Bicillin LA / Dose: 1.2mu syringe			
2/10/2021	3145711014	214885222	105
Cefixime / Dose 800mg pkg (EPT Use Only)			
3/14/2021	27458744	654771222	140
5/15/2021	47504101	5440	45
Ceftriaxone (Rocephin) / Dose: 500mg vial for injection			
2/15/2021	14755441	6647785	200
5/22/2021	478900	45780090	10
Metronidazole / Dose: 500mg #14 btl			
2/26/2021	34755110	4750112255	320
5/1/2021	3659987554	44567821	4

Report of all medications expiring within a certain time frame is easy to see.

UPDATED CONTACT EMAIL & WEBSITE

ANDREW S. HOFFMAN

340B ANALYST

HOFFMANA6@MICHIGAN.GOV

RESOURCES



New HIV/STI operations email address:
mdhhs-hivstioperations@michigan.gov

Medication logs and any log-related discrepancies should be emailed to:
340bmi@sgrxhealth.com

RESOURCES



Forget?? Or Questions??
SGRX email address is at the bottom
of the online ordering form.

Order form link is:

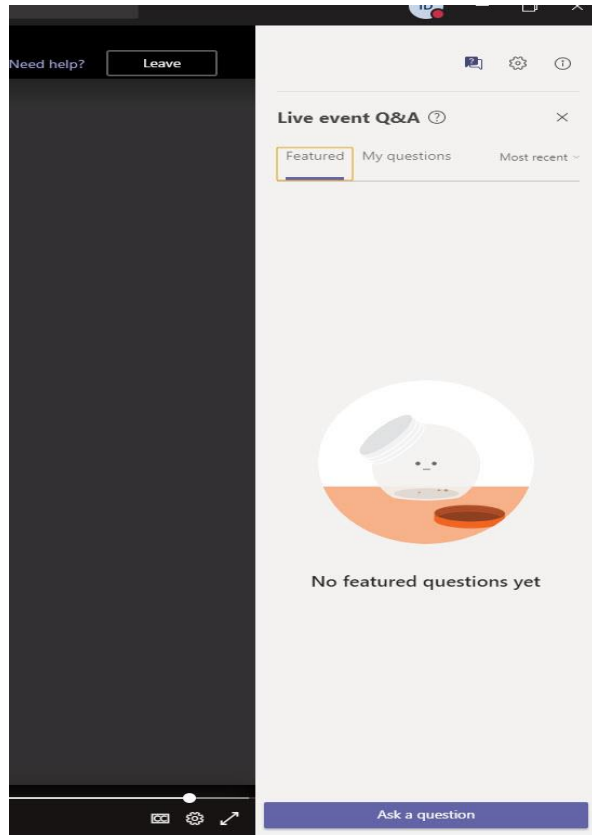
<https://www.sgrxhealth.com/mdhhs-340b-form/>

The screenshot shows the SGRX Pharmacy Benefit Management website. The header includes the SGRX logo and navigation links: Home, About Us, Pharmacy Services, Prescriber Services, Drug Assistance Programs, Contact Us, and a MEMBER LOGIN button. The main content area is the 'STD Medication Order Form'. It includes fields for 'Only)' (with a date picker MM-DD-YYYY), 'Local Inventory', 'Monthly Use (CF)', and 'Doses Requested (CF)'. A note states: 'Note: For expedited partner therapy'. Below these fields, it says: 'Upon submission, your request will be emailed to: 340bmi@sgrxhealth.com and loweryd@michigan.gov'. It also provides contact information: 'Please email any questions about your order to: 340bmi@sgrxhealth.com or if you need immediate assistance, please call Carla Powell at: 313.821.3200 ext. 204'. There is a 'Notes:' section with a text area. At the bottom, it says 'Revised: STD Medication Order Form 1/10/2021' and a green 'Submit' button.

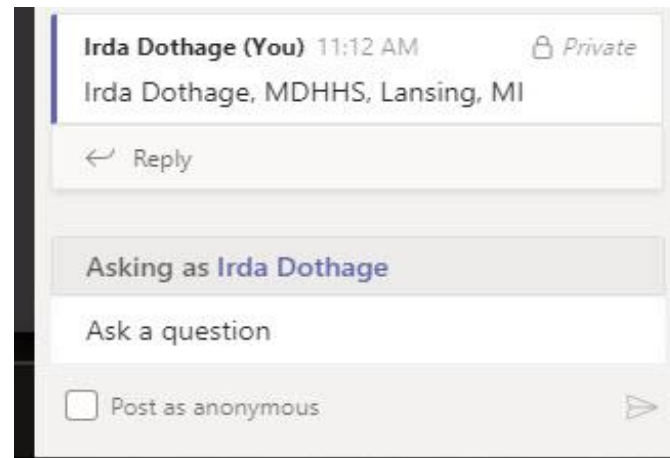
QUESTION & ANSWER SESSION



PARTICIPATING IN Q & A



- Select Q&A on the right side of the screen.
- Reminder: we ask that you type your first, last name and the name of your organization in the question box.





THANK YOU!